

DATE: ____/____/____

NEFSC VOLUNTEER QUESTIONNAIRE

NAME: _____

Male or Female (circle one)

ADDRESS: _____

HOME TELEPHONE: () ____ - ____.

WORK ADDRESS: _____

WORK TELEPHONE: () ____ - ____.

EMAIL ADDRESS: _____ @ _____

EDUCATION LEVEL: _____

MAJOR: _____

ARE YOU CURRENTLY A STUDENT? Yes No

IF YES, WHICH UNIVERISTY? _____

DO YOU HAVE ANY RELATED EXPERIENCE?

EXPLAIN: _____

HOW COMFORTABLE ARE YOU USING COMPUTERS? (please circle one)

Very Comfortable

Average

Uncomfortable

Prefer not to use one

DATES AVAILABLE: _____

CRUISE PREFERENCE (S): _____

DATE OF BIRTH ____/____/____ ARE YOU A US CITIZEN? Yes or No (circle one)

DO YOU HAVE ANY DIETARY RESTRICTIONS, PREFERENCES OR ANY FOOD ALLERGIES? _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____

HOME PHONE (____) _____ CELL PHONE (____) _____ WORK PHONE(____) _____

ADDRESS: _____

EMAIL (IF APPLICABLE) _____